


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F15936</b> 1. Entity Name NELSON'S SERVICE, INC.	
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Principal Place of Business 159 ANASTASIA LAKES DR SAINT AUGUSTINE, FL 32080 US	Mailing Address PO BOX 609 PENNEY FARMS, FL 32079 US
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**DO NOT WRITE IN THIS SPACE**



08252008 No Chg-P CR2E034 (11/05)

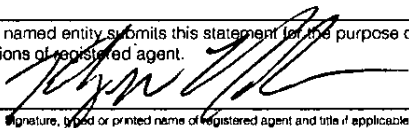
4. FEI Number 59-2055146	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NELSON, KIRBY W 159 ANASTASIA LAKES DR SAINT AUGUSTINE, FL 32080
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

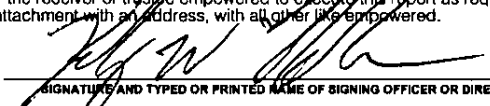
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, KIRBY W 159 ANASTASIA LAKE DRIVE SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NELSON, JESSICA L 159 ANASTASIA LAKES DR SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000958819  
09/03/08-80004-009 550.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  8/22/08 904-264-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #